



Department of Veterans Affairs
St. Cloud VA
Attn: Finance
4801 Veterans Drive
St. Cloud, MN 56303

Direct Deposit Enrollment Form

Dear Veteran,

The U.S. Department of Treasury, under 31 CFR Part 208, now requires Federal payments, including beneficiary travel, to be made electronically. The information you provide on this form will be used by the Treasury to transmit payment data through electronic funds transfer to your financial institution.

Complete **all** fields in the Information Section below.

First & Last Name _____	Social Security# <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address _____	City _____ State _____ Zip _____
Bank Name _____	City _____ State _____ Zip _____
Routing Transit # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account # _____
(Routing Transit # Found on the bottom of your personal check, <u>must have 9 digits</u> and begin with "0", "1", "2" or "3")	
Circle Account Type:	Checking Savings
Signature _____	Phone # () _____

For questions concerning the EFT process, please contact Megan Formhals, AFO at (320) 255-6480 ext. 6808.

A.B.A Routing Numbers Example

John Q. Public 123 Main Street Your Town, USA 12345-6789		101
Pay to the order of: _____		Date: _____
_____ DOLLARS		
Memo: _____		
⑆000067694⑆ 2315678⑆ 0101		
Routing/Transit Number	Account Number	